

Disclosure Report Cover

APR 28 2014

Amendment

☐ Yes

☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information									
a. Full Name Committee to Elect Tammy Aldridge		c. ID Number 5J6417							
b. Mailing Address (include City, State and Zip Code) 1939 Poors Ford Rd Rutherfordton, NC 28139		d. Date Filed 04/24/2014							
		e. Phone Number 828-247-0249							
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name						
2014	03/04/2014	04/19/2014	Kelly Hudson						
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)							
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Municipal</th> <th style="padding: 2px;">State/County</th> <th style="padding: 2px;">Referendum</th> </tr> <tr> <td style="padding: 2px; vertical-align: top;"> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="padding: 2px; vertical-align: top;"> <input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="padding: 2px; vertical-align: top;"> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
7. Type of Fund (if applicable, check one)		10. Special Report Name							
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:									
8. Number of Fundraisers this Report									
1									
11. Account Information		11. Account Information							
a. Financial Institution Full Name Premier Federal Credit Union		a. Financial Institution Full Name							
b. Purpose For all campaign expenses	c. Account Code 1	b. Purpose	c. Account Code						
	d. Period Begin Balance \$ 100.00		d. Period Begin Balance \$						
CERTIFICATION									
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.									
Kelly Hudson _____ Printed Name of Signer		_____ Signature of Appointed Treasurer							
		04/24/2014 _____ Date							
FOR OFFICE USE ONLY									
Date Received:	4/28/14	Employee:	DL.						
Date Postmarked:	_____	Employee:	_____						
Date Scanned:	_____	Employee:	_____						
Date Data Entered:	_____	Employee:	_____						
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training									
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.									
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.									

Detailed Summary

Amendment

☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Tammy Aldridge		First Qtr Plus		5J6417	
Start of Election Cycle:		January 1, 2014		Total this Reporting Period	
4) Cash on Hand at Start		\$ 100.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 1,005.00	\$ 1,005.00	
6) Contributions from Individuals		(CRO-1210)	\$ 5,091.63	\$ 6,127.59	
7) Contributions from Political Party Committees		(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees		(CRO-1230)	\$	\$	
9) Loan Proceeds		(CRO-1410)	\$ 2,500.00	\$ 2,600.00	
10) Refunds/Reimbursements To the Committee		(CRO-1240)	\$	\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)	\$	\$	
11c) Outside Sources of Income		(CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources		(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 8,596.63	\$ 9,732.59	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 5,491.84	\$ 5,491.84	
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures		(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 65.10	\$ 65.10	
15) Loan Repayments		(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee		(CRO-1320)	\$	\$	
17) In-Kind Contributions		(CRO-1510)	\$ 2,481.63	\$ 3,517.59	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 8,038.57	\$ 9,074.53	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 658.06	\$ 658.06	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 100.00		
22) Debts and Obligations owed By the Committee		(CRO-1610)	\$		
23) Debts and Obligations owed To the Committee		(CRO-1620)	\$		
24) Account Transfers Within the Committee		(CRO-1720)	\$		
25) Administrative Support		(CRO-1710)	\$	\$	
26) Forgiven Loans		(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum		(CRO-2200)	\$	\$	
28) Contributions to be Refunded		(CRO-1215)	\$	\$	

Aggregated Contributions from Individuals

Page

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of

2

Amendment

☐

Yes

☒

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add		check		03/13/2014	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		03/28/2014	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		03/28/2014	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		03/28/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		03/28/2014	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 40.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 30.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1205 Pages					\$ 1,005.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page

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Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Tammy Aldridge				5J6417	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add		cash		03/13/2014	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		03/28/2014	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		03/28/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		03/28/2014	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		03/28/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		04/07/2014	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/07/2014	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/04/2014	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/04/2014	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/04/2014	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/04/2014	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/04/2014	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/04/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/04/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		04/04/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				04/11/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 555.00	
5. Total of ALL CRO-1205 Pages				\$ 1,005.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 1 of 9 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kay Aldridge 174 Eastview Dr Bostic, NC 28018 828-245-5563			Satellite Meal Cood.			
			c. Employer's Name/Specific Field			
			Rutherford Co. Senior Center			
					e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		check		03/16/2014		\$ 1000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Don Earley 440 Duncard Church Rd Rutherfordton, NC 28139 828-287-0857			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		check		03/15/2014		\$ 75.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Linda Earley 440 Duncard Church Rd Rutherfordton, NC 28139 828-287-0857			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		check		03/15/2014		\$ 75.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Contributions from Individuals

Pg 2 of 9 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lisa Ebert 247 Scruggs Rd Forest City, NC 28043 828-248-2882			Medical Asst.			
			c. Employer's Name/Specific Field			
			Carolina Chiropractic			
					e. Election Sum to Date	
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		03/28/2014	\$ 100.00	
<input type="checkbox"/>		cash		03/28/2014	\$ 10.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kelly Hudson 241 Bent Creek Drive Rutherfordton, NC 28139			Non-profit manager			
			c. Employer's Name/Specific Field			
			Family Resources, Inc.			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		03/17/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
George Padgett 503 Jim Dobbins Rd Rutherfordton, NC 28139 828-245-3106			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		04/08/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Contributions from Individuals

Pg 3 of 9 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Shirley Ann Brown 991 Freeman Rd Bostic, NC 28018 828-287-3128			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		04/14/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Don Davis 16 Rollingwood Rd Asheville, NC 28805			Paralegal			
			c. Employer's Name/Specific Field			
			Law firm		e. Election Sum to Date	
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		04/02/2014	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jamie Lou Padgett 503 Jim Dobbins Rd Rutherfordton, NC 28139 828-245-3106			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		04/08/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Contributions from Individuals

Pg 4 of 9 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
K.E. Staggs 3759 Poors Ford Rd Rutherfordton, NC 28139 828-245-6493			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		check		04/18/2014		\$ 350.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Judy Patterson 117 Heliport Dr Rutherfordton, NC 28139 828-286-1575			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		check		04/18/2014		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
J. Ted Carlton, Jr 176 Carolina PARadise Rd Rutherfordton, NC 28139 828-245-3106			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		check		04/08/2014		\$ 60.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 510.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Contributions from Individuals

Pg 5 of 9

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tim Smith 730 Plantation Drive Rutherfordton, NC 28139 828-287-5571			Business owner			
			c. Employer's Name/Specific Field			
			Smith's Pawn Shop			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		cash		04/14/2014		\$ 50.00
<input type="checkbox"/>		cash		04/17/2014		\$ 50.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Alan Marston 135 Charles St Forest City, NC 28043			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		check		04/04/2014		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tammy Rowland 211 N. Main St Rutherfordton, NC 28139			Business Owner			
			c. Employer's Name/Specific Field			
			Business Owner			
					e. Election Sum to Date	
					\$ 310.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>			Food	03/28/2014		\$ 310.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 610.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Contributions from Individuals

Pg 6 of 9 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Keith Hunter 200 Pumpkin Patch Rd Rutherfordton, NC 28139			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 509.07		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Signs	03/06/2014	\$ 509.07	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charles Byers 1466 Tiny Rd Ellenboro, NC 28040			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 375.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Signs	03/06/2014	\$ 375.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tammy Aldridge 1939 Poors Ford Rd Rutherfordton, NC 28139						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 1,200.27		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Buttons	03/13/2014	\$ 164.31	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1048.38	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Contributions from Individuals

Pg 7 of 9 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeff Wells 394 US Hwy 221A Forest City, NC 28043			Wells Jenkins Wells			
			c. Employer's Name/Specific Field			
			Wells Jenkins Wells			
					e. Election Sum to Date	
					\$ 235.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>			Food	04/04/2014		\$ 235.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Starland Hunt 689 Doggett Rd Forest City, NC 28043			Office Admin			
			c. Employer's Name/Specific Field			
			Office Admin			
					e. Election Sum to Date	
					\$ 211.25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>			Food	04/04/2014		\$ 175.00
<input type="checkbox"/>			Time	04/04/2014		\$ 36.25
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kay Aldridge 174 Eastview Dr Bostic, NC 28018			Satellite Meal Cood.			
			c. Employer's Name/Specific Field			
			Rutherford Co Senior Center			
					e. Election Sum to Date	
					\$ 1,113.5	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>			Food	04/04/2014		\$ 70.00
<input type="checkbox"/>			Time	04/04/2014		\$ 43.50
<input type="checkbox"/>						\$
4. Total only this Page					\$ 559.75	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Contributions from Individuals

Pg 8 of 9

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jenny McFadden 137 Tom Camp Rd Rutherfordton, NC 28139			Massage Therapist			
			c. Employer's Name/Specific Field			
			World Class Massage			
					e. Election Sum to Date	
					\$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Napkins	04/04/2014	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kim Aldridge 171 Sandy Oak Dr. Forest City, NC 28043						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Food	04/04/2014	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Terri Mitchell 221 Callahan Koon Rd Spindale, NC 28160						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 103.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Food		\$ 60.00	
<input type="checkbox"/>			Time		\$ 43.50	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 163.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Contributions from Individuals

Pg 9 of 9 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Leslie Gibbon 205 Pinelog Lane Rutherfordton, NC 28139			Business Owner			
			c. Employer's Name/Specific Field			
			Chatterbox Creative			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Time	03/15/2014	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michelle Antoine 142 Dogwood Lane Rutherfordton, NC 28139			Business Owner			
			c. Employer's Name/Specific Field			
			Premier Events, Elite Wedding and Event Planning			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Materials		\$ 150.00	
<input type="checkbox"/>			Time		\$ 100.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,091.63	

Disbursements

Amendment
Pg 1 of 4 ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Tammy Aldridge					5J6417
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Promotions R Us 731 S. Broadway St Forest City, NC 28043 828-248-1722		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 2,536.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	B	03/17/2014	\$1128.11	Cards and yard
	check	B	03/31/014	\$1408.36	Yard signs, pen t-shirts
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Victory Outdoor Signs 1770 Hwy 74-A Forest City		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 345.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check		04/02/2014	\$345.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Daily Courier 601 Oak Street Forest City, NC 28043		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 385.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	A	04/03/2014	\$300.00	Advertisement
	check	A	04/03/2014	\$85.00	Advertisement
5. Total only this Page					\$ 3,226.47
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 5,491.84
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Amendment
Pg 2 of 4 ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WCAB P.O. Box 511 Rutherfordton, NC 28139			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
				\$ 273.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	A	04/07/2014	\$273.00	Advetisement	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Terri Mitchell Union Rd Rutherfordton, NC 28139			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
				\$ 46.79		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	C	04/07/2014	\$46.79	Plates, food	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Promotions R Us 731 S. Broadway St Forest City, NC 28043			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
				\$ 3866.65		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	B	04/09/2014	\$615.09	Signs, pens labels	
	check	B	04/11/2014	\$715.09	Magnets, signs	
5. Total only this Page					\$ 1,649.97	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 5,491.84	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">A* - Media</div> <div style="width: 33%;">B* - Printing</div> <div style="width: 33%;">C* - Fundraising</div> <div style="width: 33%;">D - To Another Candidate</div> <div style="width: 33%;">E - Salaries</div> <div style="width: 33%;">F* - Equipment</div> <div style="width: 33%;">G - Political Party</div> <div style="width: 33%;">H* - Holding Public Office Expenses</div> <div style="width: 33%;">I - Postage</div> <div style="width: 33%;">J - Penalties</div> <div style="width: 33%;">K* - Office Expenses</div> <div style="width: 33%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 33%;">O* - Other</div> </div>						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 3

of 4

Amendment

☐ Yes

☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
John Harrill 220 East Main St Forest City, NC 28043						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	A	04/11/2014	\$160.00	Advetisement	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Robbin's Brick & Block 3862 US 221-S Forest City, NC 28043						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 69.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	O	04/16/2014	\$69.71	Durowall for sign/ ladder	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Lowe's 184 Lowe's Blvd Forest City, NC 28403						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 189.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	O	04/16/2014	\$133.69	Materials for signs	
				\$		
5. Total only this Page					\$ 363.40	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 5,491.84	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment
Pg 4 of 4 ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Tammy Aldridge					5J6417	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WCAB 191 Whiteside Rd Rutherfordton, NC 28139			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
		\$ 525.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	A	04/18/2014	\$252.00	Advetisement	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
		\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$	Advertisement	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
		\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 252.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 5,491.84	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Optional form used to report NC Non-Media Expenditures of \$50 or less.

☐ Yes ☒ No

* Codes require detailed explanation in required remarks field (g)

Loan Proceeds

Pg

1

of

2

Amendment

☐

Yes

☒

No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Tammy Aldridge					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Tammy Aldridge 1939 Poors Ford Rd Rutherfordton, NC 28139		911 Director			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Rutherford County		03/21/2014	
				f. End Date (mm/dd/yyyy)	
				03/21/2015	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%			check	\$ 1000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 2,500.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Loan Proceeds

Pg

2

of

2

Amendment

☐

Yes

☒

No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Tammy Aldridge					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Tammy Aldridge 1939 Poors Ford Rd Rutherfordton, NC 28139 828-755-4559		911 Director			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Rutherford County		03/28/2014	
				f. End Date (mm/dd/yyyy)	
				03/28/2015	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%			cash	\$ 1500.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 2,500.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Outstanding Loans

Amendment
Pg 1 of 1 ☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
Committee to Elect Tammy Aldridge			5J6417
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tammy Aldridge 1939 Poors Ford Rd Rutherfordton, NC 28139		b. Job Title/Profession	d. Comments
		911 Director	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Rutherford County	03/04/2014
			f. End Date (mm/dd/yyyy)
	03/04/2015		
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 100.00
5. Total of ALL CRO-1430 Pages			\$ 100.00
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

Amendment

Pg 1 of 4 ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Tammy Aldridge		5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Tammy Rowland 211 N. Main St Rutherfordton, NC 28139 828-287-1312		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 310.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Facilities and food for fundraiser		03/28/2014	\$ 310.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Keith Hunter 200 Pumpkin Patch Rd Rutherfordton, NC 28139		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 509.07	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Signs & car magnets		03/06/2014	\$ 509.07
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Charles Byers 1466 Tiny Rd Ellenboro, NC 28040		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 375.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Signs & car magnets		03/06/2014	\$ 375.00
			\$
			\$
4. Total only this Page		\$ 1,194.07	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,481.63	

In-Kind Contributions

Amendment

Pg 2 of 4 ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Tammy Aldridge		5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Tammy Aldridge 1939 Poors Ford Rd Rutherfordton, NC 28139		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 1,200.27	
e. Description		f. Date (mm/dd/yyyy)	
Buttons		03/13/2014	
		\$ 164.31	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Jeff Wells 394 US Hwy 221A Forest City, NC 28043		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 235.00	
e. Description		f. Date (mm/dd/yyyy)	
Food		04/04/2014	
		\$ 235.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Starland Hunt 689 Doggett Rd Forest City, NC 28043		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 211.25	
e. Description		f. Date (mm/dd/yyyy)	
Food		04/04/2014	
		\$ 175.00	
Time		04/04/2014	
		\$ 36.25	
		\$	
4. Total only this Page		\$ 610.56	
5. Total of ALL CRO-1510 Pages		\$ 2,481.63	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			

In-Kind Contributions

Amendment

Pg 3 of 4 ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Tammy Aldridge		5J6417	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Kay Aldridge 174 Eastview Dr Bostic, NC 28018		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 1,113.50	
e. Description		f. Date (mm/dd/yyyy)	
Food		04/04/2014	
		\$ 70.00	
Time		04/04/2014	
		\$ 43.50	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Jenny McFadden 137 Tom Camp Rd Rutherfordton, NC 28139		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
Napkins		04/04/2014	
		\$ 10.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Kim Aldridge 171 Sandy Oak Dr. Forest City, NC 28043		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 50.00	
e. Description		f. Date (mm/dd/yyyy)	
Food		04/04/2014	
		\$ 50.00	
		\$	
		\$	
4. Total only this Page		\$ 173.50	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,481.63	

In-Kind Contributions

Amendment

Pg 4 of 4 ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Tammy Aldridge		5J6417
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Terri Mitchell 221 Callahan Koon Rd Spindale, NC 28160	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
<input type="checkbox"/> Referendum	d. Election Sum to Date	
<input type="checkbox"/> Other Receipt Source	\$ 103.50	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food	04/04/2014	\$ 60.00
Time	04/04/2014	\$ 43.50
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Lesley Gibbon 205 Pinelog Lane Rutherfordton, NC 28139	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
<input type="checkbox"/> Referendum	d. Election Sum to Date	
<input type="checkbox"/> Other Receipt Source	\$ 150.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Time	03/15/2014	\$ 150.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Michelle Antoine 142 Dogwood Lane Rutherfordton, NC 28139	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
<input type="checkbox"/> Referendum	d. Election Sum to Date	
<input type="checkbox"/> Other Receipt Source	\$ 250.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Flowers, linen, utensils	03/15/2014	\$ 150.00
Time	03/15/2014	\$ 100.00
		\$
4. Total only this Page		\$ 503.50
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,481.63



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kimberly Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: Committee to Elect Tammy Aldridge
- Person or committee to make loan: Tammy Aldridge
- Date of loan to committee: 03/21/2014
- Name of lending institution and account number (source):

- Amount of loan: \$1000
- Description (if in-kind loan):
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: 12 months
- Rate of interest of loan:
- Security pledged for loan:

I, Tammy Aldridge, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Tammy Aldridge
Signature of Lender

4-23-2014
Date Signed

Kimberly Strach
Signature of Treasurer of Committee

4-23-14
Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kimberly Strach
Deputy Director – Campaign Reporting

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Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: Committee to Elect Tammy Aldridge
- Person or committee to make loan: Tammy Aldridge
- Date of loan to committee: 03/28/2014
- Name of lending institution and account number (source):

- Amount of loan: \$1500
- Description (if in-kind loan):
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: 12 months
- Rate of interest of loan:
- Security pledged for loan:

I, Tammy Aldridge, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Tammy Aldridge
Signature of Lender

4-23-2014
Date Signed

Rebecca U.
Signature of Treasurer of Committee

4-23-14
Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.